

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/511761** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2					1	
3					1	
4					1	
5					1	
6					1	
7					1	
8					1	
9					1	
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TOTAL IND.			1		1	
TOTAL DEP.			10		10	
TOTAL CLAIMS			11		11	

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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99					
100					
TOTAL IND.			1		1
TOTAL DEP.			10		10
TOTAL CLAIMS			11		11

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS